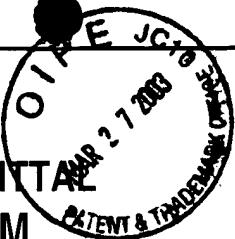


1733 8084 16

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)



Total Number of Pages in this Submission

14

Application Number	09/993,208
Filing Date	11/16/2001
First Named Inventor	Jiao et al.
Group Art Unit	8084
Examiner Name	Aftergut, J.
Attorney Docket Number	AP01979

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APR 02 2003

CPO

ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Licensing-Related papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter with appropriate copies
<input type="checkbox"/> Extension of time Request	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Restriction Requirement
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Associate Power of Attorney
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CDs	<input type="checkbox"/> RCE
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		<input type="checkbox"/> Copy of Notice to File Missing Parts
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Transmittal of Formal Drawings
	Remarks	<input type="checkbox"/> Response to Notice of Non- Recordation of Document

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Thomas V. Miller	Registration No.	42,002
Signature			
Date	March 29, 2003		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon, as first-class mail, in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date listed below:

Typed or printed name	Tanya Scheuer	Date	March 29, 2003
Signature			

**FEE
TRANSMITTAL**

Patent fees are subject to annual revision

O P E J C / O
M A R 2 7 2003
P A T E N T & T R ADE M A R K S

Complete if Known

		Application Number	09/993,208
		Filing Date	11/16/2001
		First Named Inventor	Jiao et al.
		Examiner Name	Aftergut, J.
		Group Art Unit	8084
TOTAL AMOUNT OF PAYMENT		(\$ 180.00)	Attorney Docket No.
			AP01979

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COPY 1

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

50-2117

Deposit Account Name

Motorola, Inc.

Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee (\\$)	Small Fee Code	Entity Fee (\\$)	Fee Paid
1001	750	2001	375	Utility filing fee
1002	330	2002	165	Design filing fee
1003	520	2003	260	Plant filing fee
1004	750	2004	375	Reissue filing fee
1005	160	2005	80	Provisional filing fee

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES

Total Claims	Independent Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid
		<input type="checkbox"/>	<input type="checkbox"/> 20	= <input type="checkbox"/>	X <input type="checkbox"/> 18 = <input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/> 3	= <input type="checkbox"/>	X <input type="checkbox"/> 84 = <input type="checkbox"/>

Multiple Dependent

280 =

Large Fee Code	Entity Fee (\\$)	Small Fee Code	Entity Fee (\\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	* Reissue independent claims over original patent
1205	18	2205	9	*Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0.00)

**OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

*For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code	Fee (\\$)	Small Entity Fee Code	Fee (\\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late Provisional filing
1053	130	1053	130	Non-English specification
1812	2520	1812	2520	For filing a request for ex parte Reexamination
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action
1805	1840*	1805	1840*	Requesting publication of SIR after Examiner action
1251	110	2251	55	Extension for reply within first month
1252	410	2252	205	Extension for reply within second month
1253	930	2253	465	Extension for reply within third month
1254	1450	2254	725	Extension for reply within fourth month
1255	1970	2255	985	Extension for reply within fifth month
1401	320	2401	160	Notice of Appeal
1402	320	2402	160	Filing a brief in support of an appeal
1403	280	2403	140	Request for oral hearing
1451	1510	1451	1510	Petition to institute a public use proceeding
1452	110	2452	55	Petition to revive - unavoidable
1453	1300	2453	650	Petition to revive - unintentional
1501	1300	2501	650	Utility issue fee (or reissue)
1502	470	2502	235	Design issue fee
1503	630	2503	315	Plant issue fee
1460	130	1460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of IDS
8021	40	8021	40	Recording each patent assignment per property (times number of properties)
1809	750	2809	375	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	750	2810	375	For each additional invention to be examined (37 CFR § 1.129(b))
1801	750	2801	375	Request for Continued Examination (RCE)
1802	900	1802	900	Request for expedited examination
				Other fee (specify) _____

* Reduced by Basic Filing Fee paid

SUBTOTAL (3) (\$ 180.00)

SUBMITTED BY

Name (Print/Type)	Thomas V. Miller	Registration No.	42,002	Telephone	847-538-7103
Signature	<i>Thomas V. Miller</i>	Date	March 20, 2003		